

Foster Family Home - Corrective Action Report

Provider ID: 1-510182

Home Name: Marilou Tomas, CNA

Review ID: 1-510182-8

94-253 Loaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/12/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, Rev
Compliance Manager

Marilou Tomas
Primary Care Giver

Date

Date

3/12/2020

3/12/2020